LE 'HOME' ENTERED AT 13:32:54 ON 28 OCT 2003)

FILE 'MEDLINE, BIOSIS, CAPLUS' ENTERED AT 13:33:07 ON 28 OCT 2003

L1	1061	S THROMBOPHILIA AND PROTEIN S
L2	45	S L1 AND COMPLEX
L3	10	S L2 AND DETECT?
L4	7041	S THROMBOSIS AND COMPLEX?
L5	326	S L4 AND PROTEIN S
L6	60	S L5 AND DIAGNOS?
L7	20	S L6 AND COMPAR?
L8	13	DUP REMOV L7 (7 DUPLICATES REMOVED)

L Number	Hits	Search Text	DB	Time stamp
1	43175	thrombo$6	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:29
2	25	thrombo$6 same sandwich	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:29
3	0	(thrombo$6 same sandwich) same control	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:30
4	1	(thrombo$6 same sandwich) same compar$6	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:31
5	23	(thrombo$6 same sandwich) and detect$16	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:31
6	17	((thrombo$6 same sandwich) and detect$16) and complex	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:39
7	1	(((thrombo$6 same sandwich) and detect$16) and complex) and 'protein S'	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:34
8	6854	'protein S'	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:39
9	655	('protein S') same assay$1	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:39
10	88	(('protein S') same assay$1) same compar$6	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:40
11	11	((('protein S') same assay$1) same compar$6) same diagnos$4	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:40

L Number	Hits	Search Text	DB	Time stamp
1	43175	thrombo$6	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:29
2	25	thrombo$6 same sandwich	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:29
3	0	(thrombo$6 same sandwich) same control	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:30
4	1	(thrombo$6 same sandwich) same compar$6	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:31
5	23	(thrombo$6 same sandwich) and detect$16	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:31
6	17	((thrombo$6 same sandwich) and detect$16) and complex	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:33
7	1	(((thrombo$6 same sandwich) and detect$16) and complex) and 'protein S'	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 16:34

L Number	Hits	Search Text	DB	Time stamp
1	128	(435/214).CCLS.	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 13:15
2	4	((435/214).CCLS.) and thrombophilia	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 13:17
3	4	(((435/214).CCLS.) and thrombophilia) and protein	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 13:17
4	3	((((435/214).CCLS.) and thrombophilia) and protein) and S	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/10/28 13:17

ANSWER 10 OF 10 CAPLUS COPYRIGHT 2003 ACS on STN

AN 2000:39112 CAPLUS

DN 132:346207

TI **Detection** of decreased response to activated protein C during pregnancy by an endogenous thrombin potential-based assay

AU Sugimura, Motoi; Kobayashi, Takao; Kanayama, Naohiro; Terao, Toshihiko

CS Department of Obstetrics and Gynecology, School of Medicine, Hamamatsu University, Hamamatsu, Japan

SO Seminars in Thrombosis and Hemostasis (1999), 25(5), 497-502
CODEN: STHMBV; ISSN: 0094-6176

PB Thieme Medical Publishers, Inc.

DT Journal

LA English

AB Pregnancy has been widely recognized as a predisposing risk factor for deep vein thrombosis (DVT). However, it still remains unclear why pregnant women without a history of familial **thrombophilia** or antiphospholipid syndrome (APS) have a higher incidence of DVT and pulmonary embolism (PE) during pregnancy and puerperium. We examd. the activated protein C (APC) system in healthy pregnant women and in patients with the onset of DVT during puerperium. Sixty unselected Japanese pregnant women without a past or family history of thrombosis or APS and 3 Japanese women with DVT during puerperium were evaluated. Endogenous thrombin potential-ratio (ETP-r) was measured by detn. of thrombin-alpha2-macroglobulin **complexes** in thromboplastin-activated patient plasma. APC sensitivity ratio (APC-sr) was calcd. by the detn. of ETP-r in patient plasma in the presence and absence of APC (final concn. [conc.] 5.9 nM) to evaluate the functional APC anticoagulant activity. Mean APC-sr was significantly increased at 30 wk gestation (2.35.+-.0.72) and remained high during puerperium compared with the mean APC-sr in nonpregnant women (1.15.+-.0.63). Mean APC-sr in patients with DVT at the onset was significantly higher (3.57.+-.0.54) than mean APC-sr during puerperium was, indicating that the sensitivity to APC was reduced in the ETP-based assay. These data suggest a significant redn. in the functional sensitivity to APC assocd. with an increased risk of venous thrombosis during pregnancy.

RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

ANSWER 7 OF 10 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC. on STN
AN 2001:305576 BIOSIS
DN PREV200100305576
TI Marked elevation of thrombin generation in patients with elevated plasma FVIII: C levels and venous thromboembolism.
AU O Donnell, J. [Reprint author]; Mumford, A. [Reprint author]; Manning, R. [Reprint author]; Laffan, M. [Reprint author]
CS Haematology, Hammersmith Hospital, Imperial College School of Medicine, London, UK
SO Blood, (November 16, 2000) Vol. 96, No. 11 Part 1, pp. 268a-269a. print.
Meeting Info.: 42nd Annual Meeting of the American Society of Hematology. San Francisco, California, USA. December 01-05, 2000. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DT Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LA English
ED Entered STN: 27 Jun 2001
Last Updated on STN: 19 Feb 2002
AB Recent reports have identified elevated plasma FVIII:C levels (>1.5 IU/mL) as a prevalent, significant and independent risk factor for venous thromboembolism (VTE). Furthermore, elevated FVIII:C has also been shown to increase the risk of recurrence. The mechanism underlying the association between elevated FVIII:C and VTE remains unclear. However increased thrombin generation has been demonstrated in only 1/3 patients with antithrombin, protein C, or **protein S** deficiency, or patients with the factor V Leiden mutation. We investigated Prothrombin Fragment 1+2 (F1+2) and Thrombin-Antithrombin (TAT) **complexes** as measures of thrombin generation in three groups: 1. Patients with objectively confirmed VTE and elevated FVIII:C (n = 54); 2. Patients with objectively confirmed VTE and no **detectable thrombophilia**, and FVIII:C < 1.5 IU/mL (n = 37); 3. Healthy age and sex matched controls (n = 54); All samples were collected more than three months following thrombosis. No patient was taking oral anticoagulants. In patients with elevated FVIII:C, TAT and F1+2 levels were increased in 46/54 (85%) and 42/54 (78%) of individuals respectively. The median TAT and F1+2 levels were 8.65mg/L and 1.5nmol/L respectively. In patients with confirmed VTE but no proven **thrombophilia**, TAT and F1+2 levels were increased in 10/37 (27%) and 11/37 (30%) of individuals respectively (median TAT and F1+2 levels were 2.95mg/L and 0.87nmol/L respectively). TAT and F1+2 levels were significantly higher in patients with VTE and elevated FVIII:C, compared to individuals with VTE but no **detectable thrombophilia** ($p < 0.0001$; Mann Whitney). Also, TAT and F1+2 levels were significantly higher in patients with V

ANSWER 6 OF 10 MEDLINE on STN

AN 93289750 MEDLINE

DN 93289750 PubMed ID: 8511904

TI [Prothrombin fragment 1+2 (F1+2), thrombin-antithrombin III **complex**(TAT) and **thrombophilia** parameters in orally anticoagulated patients with inferior vena cava filters]. Prothrombinfragment 1 + 2 (F1 + 2), Thrombin-Antithrombin-III-Komplex (TAT) und Thrombophilieparameter bei oral antikoagulierten Patienten mit V.-cava-inferior-Filtern.

AU Halbmayer W M; Haushofer A; Toth E

CS Zentrallaboratorium, Krankenhauses der Stadt Wien-Lainz.

SO WIENER MEDIZINISCHE WOCHENSCHRIFT, (1993) 143 (5) 95-8. Journal code: 8708475. ISSN: 0043-5341.

CY Austria

DT Journal; Article; (JOURNAL ARTICLE)

LA German

FS Priority Journals

EM 199307

ED Entered STN: 19930723
Last Updated on STN: 19930723
Entered Medline: 19930714

AB Prothrombin fragment 1 + 2 (F1 + 2) and thrombin-antithrombin-III-**complex** (TAT) levels were compared in 31 orally anticoagulated patients with inferior vena caval filters and a control group of 31 orally anticoagulated patients without caval filters and the incidence of markers of **thrombophilia** (deficiency of antithrombin-III, protein C, **protein S** and factor XII, presence of lupus anticoagulants) was determined. 8 of 31 patients (26%) from the group of caval filter carriers showed markers of **thrombophilia** (3 **protein S** deficiencies, 1 protein C deficiency, 2 factor XII deficiencies and 2 patients with lupus anticoagulants). In all orally anticoagulated patients a significant interdependence ($p < 0.05$) between F1 + 2- and TAT-levels and intensity (INR) of the oral anticoagulation could be observed. Comparison of F1 + 2- and TAT-levels of caval filter carriers and controls revealed no significant difference which leads to the conclusion that inferior vena caval filters do not induce **detectable** systemic activation of prothrombin under adequate oral anticoagulation therapy.

L8 ANSWER 8 OF 13 CAPLUS COPYRIGHT 2003 ACS on STN
AN 1996:164956 CAPLUS
DN 124:282664
TI New direct assay of free **protein S** antigen applied to **diagnosis** of **protein S** deficiency
AU Aillaud, M. F.; Pouymayou, K.; Brunet, D.; Parrot, G.; Alessi, M. C.; Amiral, J.; Juhan-Vague, I.
CS Laboratory Hematology, CHU Timone, Marseille, 13385, Fr.
SO Thrombosis and Haemostasis (1996), 75(2), 283-5
CODEN: THHADQ; ISSN: 0340-6245
PB Schattauer
DT Journal
LA English
AB Congenital deficiencies of **protein S** (PS) are assocd. with thrombophilia. Their characterization and classification have been hampered by the **complex** physiol. of the protein C-**protein S** system and the poor standardization and reliability of lab. assays. The free active form of **protein S** is usually detd. by immunoassay using polyclonal antibodies in the plasma supernate after PEG pptn. A new 1-step ELISA using two monoclonal antibodies specific for distinct epitopes of the free form of **protein S** was developed for the direct measurement of free PS in untreated plasma. The 2 ELISA assays were tested for free PS. One assay was based on PEG pptn. (Asserachrom PS, Stago, Asnieres, France) whereas the other was a 1-step ELISA assay (Asserachrom free PS, Stago). Values were obtained in 35 PS-deficient patients recruited among 500 consecutive patients evaluated by the lab. for **diagnosis** of congenital disorders of coagulation. Values were **compared** to those obtained in 50 patients with no PS deficiency matched for age and sex with the PS-deficient patients as well as in 33 normal subjects and in 12 pregnant women. Strong correlation was found between the two tests (r = 0.81) in the entire population, as well as in the sep. groups. The new 1-step ELISA was more accurate than the PEG free PS detn. Detn. of PS activity and antigens allowed sepn. of quant. and qual. deficiencies. Among the qual. deficiencies, isolated decrease in PS activity was the most frequent defect obsd. (66%). This fact questions the substitution of PS activity assays by the 1-step antigenic free PS ELISA assay.